

MAIL TO:  
Office of the Attorney General  
Registry of Charitable Trusts  
P.O. Box 903447  
Sacramento, CA 94203-4470

STREET ADDRESS:  
1300 I Street  
Sacramento, CA 95814  
Telephone: (916) 323-5079

WEB SITE ADDRESS:  
<http://ag.ca.gov/charities/>

## COMMERCIAL COVENTURER

### ANNUAL FINANCIAL REPORT FOR 2005

(California Government Code section 12599.2)  
11 Cal. Code Regs. section 308

Failure to file annual financial report by January 30<sup>th</sup> annually for each calendar year of solicitation may result in late fees as defined in Government Code section 12586.1

An annual financial report must be filed for each event  
for each charity solicited for during the previous calendar year.



#### Name and Address of Commercial Coventurer:

CCV Number CV-1428

Blockbuster Inc.

Name of commercial coventurer

1201 Elm St., #2100

Address of commercial coventurer

Dallas, TX 75270

City, State, and ZIP Code of commercial coventurer

#### Name and Address of Charitable Organization:

CT No. 53-0196605 F.E.I.N. No. 53-0196605

American National Red Cross

Name of charity

2025 E. St., NW 17th Fl.

Address of charity

Washington, D.C. 20006

City, State, and ZIP code of charity

Figures from (check one): National Campaign ☒ California Campaign ☐

In-store solicitation held (on) (from) 9-7-05 to 9-25-05  
(Type of activity) (Date or dates must be shown)

Is the contract between the commercial coventurer and charity based upon a fee or percentage of revenue? Fee ☐ Percentage ☐ Other ☒  
If other, provide brief explanation Blockbuster Customers were offered the opportunity

#### 1. REVENUE

A. Cash contributions

B. Entertainment sales or admission charges

C. Sales from products

D. Advertisement sales

E. Membership fees

F. Other sources: (Specify)

a. \_\_\_\_\_  
b. \_\_\_\_\_  
c. \_\_\_\_\_  
d. \_\_\_\_\_

G. TOTAL REVENUE

A. \_\_\_\_\_  
B. \_\_\_\_\_  
C. \_\_\_\_\_  
D. \_\_\_\_\_  
E. \_\_\_\_\_  
Fa. \_\_\_\_\_  
Fb. \_\_\_\_\_  
Fc. \_\_\_\_\_  
Fd. \_\_\_\_\_

#### 2. EXPENSES

A. Fees or commissions

B. Salaries

C. Payroll taxes

D. Employee benefits

E. Cost of merchandise for resale

F. Cost of entertainment

G. Postage

H. Advertising

I. Telephone

J. Rental of equipment

K. Facilities charge

L. Permits

M. Other expenses: (Specify)

a. \_\_\_\_\_  
b. \_\_\_\_\_  
c. \_\_\_\_\_  
d. \_\_\_\_\_

N. TOTAL EXPENSES

A. \_\_\_\_\_  
B. \_\_\_\_\_  
C. \_\_\_\_\_  
D. \_\_\_\_\_  
E. \_\_\_\_\_  
F. \_\_\_\_\_  
G. \_\_\_\_\_  
H. \_\_\_\_\_  
I. \_\_\_\_\_  
J. \_\_\_\_\_  
K. \_\_\_\_\_  
L. \_\_\_\_\_  
Ma. \_\_\_\_\_  
Mb. \_\_\_\_\_  
Mc. \_\_\_\_\_  
Md. \_\_\_\_\_

COMMERCIAL COVENTURER  
ANNUAL FINANCIAL REPORT FOR 20 05

(California Government Code section 12599.2)

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Page 2

3. Amount to charity (subtract line 2N from line 1G) \_\_\_\_\_ 3.
4. Less additional fundraising expenses paid by charity including fee paid to commercial coventurer (to be completed by charity) \_\_\_\_\_ 4.
5. Less fair market value of goods and/or services used for the event which were paid by sponsor(s) \_\_\_\_\_ 5.
6. Net proceeds realized by charity from the campaign (subtract lines 4 and 5 from line 3) \_\_\_\_\_ 6.
7. (a) Is any director, officer, or employee of the commercial coventurer a director, officer, or employee of the charitable organization listed in this report?
- ☐ Yes ☒ No If "yes" complete the following:

Name and address of director, officer, or employee of commercial coventurer	Name and address of charitable organization	Relationship of officer, etc. to charitable organization

(b) For each affiliation identified in 7(a), attach copy of the contract between the commercial coventurer and the charity.

**COMMERCIAL COVENTURER  
ANNUAL FINANCIAL REPORT FOR 20** 05  
(California Government Code section 12599.2)  
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Page 2

3. Amount to charity (subtract line 2N from line 1G) 176,901.00 3.
4. Less additional fundraising expenses paid by charity including fee paid to commercial coventurer (to be completed by charity) 0 4.
5. Less fair market value of goods and/or services used for the event which were paid by sponsor(s) 0 5.
6. Net proceeds realized by charity from the campaign (subtract lines 4 and 5 from line 3) 176,901.00 6.
7. (a) Is any director, officer, or employee of the commercial coventurer a director, officer, or employee of the charitable organization listed in this report?  
☐ Yes ☒ No If "Yes" complete the following:

Name and address of director, officer, or employee of commercial coventurer	Name and address of charitable organization	Relationship of officer, etc. to charitable organization

(b) For each affiliation identified in 7(a), attach copy of the contract between the commercial coventurer and the charity.

Under penalties of perjury, I declare that I have examined this report, including accompanying documents, schedules and statements, and to the best of my knowledge and belief, it is true, correct and complete.

Signature of authorized officer (commercial coventurer) Larcine Bland VP Community Affairs + Diversity Initiatives 8/1/06  
Printed name Title Date

This report must be signed by two officers or directors of the charitable organization for verification.

Jack Sipes Jack Sipes Cash Manager 8/11/06  
Signature of authorized officer/director (charity) Printed name Title Date

Julie A. Ortmeier Julie A. Ortmeier Asst Corp Secretary 8/14/06  
Signature of authorized officer/director (charity) Printed name Title Date